

**ADMINISTRATIVE**  
**INTERNAL USE ONLY**OFFICE OF LOGISTICS  
PROCUREMENT NOTE NO. 37

22 MAY 1970

## DEVELOPMENT OF NEW SOURCES

1. From time to time, personnel engaged in Agency contracting are approached by potential contractor sources who seek attention from the Agency. This Procurement Note establishes the procedure to be followed to ensure that there is the widest possible internal Agency dissemination of such information.

2. Any individual becoming aware of a potential new source is requested to have the contractor concerned complete a standard Agency data form (sample attached). When completed and signed, the form is to be forwarded to the Chairman, Agency Contract Review Board (ACRB) through the Chief, Procurement Management Staff whose office will be the repository for these files. The Chief, Procurement Management Staff in his capacity as advisor to the ACRB will present the completed data sheet to a formal meeting of the entire Board. In the event any member of the ACRB is interested in development of additional information, arrangements will be made by the Chairman for a personal appearance by the contractor concerned. In all instances, the Agency element which originally initiated the action will be informed of the final result. Copies of data sheets will be retained in the files of the Procurement Management Staff.

3. Copies of the form itself will be furnished to the various procuring elements by the Procurement Management Staff, extension [redacted]

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[redacted]  
John F. Blake  
Director of Logistics

Att

## Distribution:

- 2 - DD/S
- 1 - PMS/DD/S&T
- 1 - PMS/ORD/DD/S&T
- 1 - SC&PB/OEL/DD/S&T
- 1 - CS/CMG/DD/P
- 1 - SC&PS/TSSG/NPIC/DD/I
- 1 - PD/OL
- 1 - [redacted]

## Distribution Withheld:

- ① - Ea. ACRB Member
- 1 - Ea. ACRB Advisor
- 1 - C/CMD/OSA/DD/S&T
- 1 - C/CB/OSP/DD/S&T
- 1 - CO/SPS/DD/S&T
- 1 - OL Official
- 1 - D/L Chrono
- OL/PMS/[redacted]

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CONTRACTOR INFORMATION

FIRM NAME AND ADDRESS

TELEPHONE

COMPANY REPRESENTATIVE AND TITLE

AFFILIATES, IF ANY, OR PARENT COMPANY, IF ANY

NO. OF EMPLOYEES

GROSS BUSINESS FOR PRECEDING YEAR

BRIEF DESCRIPTION OF CAPABILITIES, PRODUCTS, AND SERVICES YOU BELIEVE TO BE OF INTEREST. (be brief but explicit and use additional page if necessary)

OTHER GOVERNMENT AGENCIES WITH WHICH YOU NOW HAVE OR HAVE HAD CONTRACTS

TYPE OF PRESENTATION YOU ARE PREPARED TO GIVE TO AGENCY REPRESENTATIVES

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Company Signature

*NOTE: This form is for information purposes only and you will be contacted within a reasonable period after its submission.*